

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 4 1944  
Registration District No. 560

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3076

16026  
State File No.

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hosp. Nevada Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Ralph H. Harris

3. (b) If veteran, name war No. 3. (c) Social Security No. 170 499-16-1110

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married. Divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec-12-1973  
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kalamazoo-Mich  
(City, town, or county) (State or foreign country)

10. Usual occupation Mining Engineer

11. Industry or business Mining

12. Name Rient Troll

13. Birthplace Kalamazoo-Mich  
(City, town, or county) (State or foreign country)

14. Maiden name Franklin

15. Birthplace France  
(City, town, or county) (State or foreign country)

16. (a) Informant Winona Hill

(b) Address Trich St. San. Hall Trich

17. (a) Burial (b) Date thereof Apr. 28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deepwood Cemetery

18. (a) Signature of funeral director Hays Funeral Service

(b) Address Nevada Mo.

19. (a) 4-28-44 (b) Boaz B. Curwick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. Therada Hotel  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 27  
year 1944 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from April 30, 1944 to April 27, 1944  
that I last saw him alive on April 26, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic myocardial degeneration  
Due to Coronary sclerosis

Due to \_\_\_\_\_

Other conditions Chronic prostatitis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. L. Martin (M. D. or other) MD

Address Nevada Date signed 4/27/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health

Officer No. 7

District File Number

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Signed

Mack A. Braswell

Licensed Embalmer No. 2029

P.O. Address

Nevada mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.